

Hospital Newsletter

October 2003



Indiana State
Department of Health

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New ISDH Assistant Commissioner



On September 2, 2003, Terry Whitson became the assistant commissioner for the Health Care Regulatory Services Commission. Whitson takes over from Liz Carroll, who was named the Deputy State Health Commissioner.

Whitson joined the ISDH in February 1999 as a staff attorney and has served as supervising attorney since September 2001. As the new assistant commissioner, Whitson will oversee the acute care, consumer protection, and long-term care divisions. Prior to coming to the ISDH, Whitson was Associate Professor and Program Director of Radiological Sciences at Marian College and was previously was on the faculty of the Indiana University School of Medicine.

Whitson's educational background includes undergraduate degrees in radiological technology, a master's degree in health education, and a law degree. Whitson has been admitted to candidacy and is currently completing a Ph.D. in higher education administration. All of his degrees are from Indiana University.

New Notification for EMS Provider's Blood Exposure

In case of a blood exposure from a patient who is admitted to the hospital and unable to consent due to physical or mental incapacity, the exposed EMS provider must complete a Notification of Blood or Body Fluid Exposure (State Form 51467). This form must be given to the medical director of the Emergency Department. Additional copies shall be forwarded to the EMS medical director and the Indiana State Department of Health.

State Form 51467 (9-03), Notification of Blood or Body Fluid, is available at the state forms commission Internet site, the form can be accessed at <http://www.state.in.us/icpr/webfile/formsidv/51467.pdf>. Public Law 212-2003 can be accessed at <http://www.in.gov/legislative/pdf/acts2003.pdf>.

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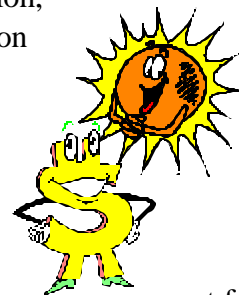
HOSPITAL DISCLOSURE ACT DATA UPDATE

Under the Hospital Disclosure Act, each hospital will provide financial reports to ISDH on an annual basis. The request to file a copy of the audited financial statement, Medicare Cost Report, and an electronic Hospital Fiscal Report for fiscal year **2003** is included in this mailing. The requirement's are unchanged from last year. The packet includes the format for the 2003 financial reporting. The instruction, diskette, and forms should be forwarded to the Chief Financial Officer. This information will not be due until the end of fiscal year 2003.

ISDH has now received about 51 percent of the Fiscal Year **2002** Fiscal reports.

Your hospital's current filing status and copy of the 2002 report for final edit are enclosed in this packet. Copies of all filed reports can be obtained

by calling 317/233-7541. ISDH had posted 130 individual reports and a statewide report for fiscal year **2001**. These reports can be found at: <http://www.in.gov/isdh/regsvcs/providers.htm>



port for

Hospital Capacity and Readiness

During the last two years, acute care hospitals have participated in Phase I and Phase II grants from the Health Resources and Services Administration (HRSA) cooperative agreement under the Bioterrorism Hospital Preparedness Program (HBPP)

In Phase I, a needs assessment of Bioterrorism preparedness was conducted to document the ways that hospitals could handle a surge in numbers of patients. \$263,000 of the HRSA Cooperative Agreement money was distributed to the state's 138 acute care hospitals to cover their costs in completing the Indiana Hospital Capability Assessment for Readiness (ICHAR). The focus was not on specific hospital capacity expansion, but rather on improved coordination and triage to make the best use of available facilities.

In Phase II, contracts were distributed in August of this year to each of the Acute Care Hospitals and Phase II funds will be distributed based on ED activity. The total dollars to be distributed from the 2002 HRSA cooperative agreement is \$2,230,000. Based on the summary data from the completed ICHAR, the BT district planning for hospital bioterrorism preparedness requires the following deliverables be completed by each hospital grantee to be a recipient of the Phase II funds.

1. A Mutual Aid Agreement between hospitals;
2. A Hazard Vulnerability Analysis;
3. An Emergency Management Plan;
4. A Bioterrorism Disaster Drill; and
5. Inoculation Staff to give Smallpox vaccination to hospital personnel and families if there is a smallpox event.

Bioterrorism Continued

These five items will be the foundation for future HBPP activities within the districts. Completion of these deliverables will be required before the hospital may return the voucher for payment of their share of the funds.

QMA Training

In October, the Indiana State Department of Health is making presentations on ISDH Basic QMA Curriculum Training.

If your organization plans to conduct training for qualified medication aides, it should send representatives to training sessions offered in Fort Wayne, Indianapolis, Lafayette, Sellersburg, and Vincennes from until October 30, 2003.

Representatives must be trained and certified to utilize the revised basic curriculum and practicum performance checklists. If you miss this opportunity, you will not be eligible to initiate the class until the next training session, likely to occur in the fall of 2004.

Proposed Change in ISDH Hospital Rule

Based on a discussion by the ISDH Hospital Council, ISDH is proposing the addition of licensure fees for acute care hospitals. The proposed rule would set a sliding scale of fees based on total operating expenses of the hospital. The licensure fee, if approved, will be used as dedicated fund to retain and attract qualified ISDH survey staff.

It is expected that the ISDH will announce its intent to publish the rule in November, and request the Hospital Council to begin the rule development process.

After November 1, 2003, the intent to publish the rule will be at

<http://www.in.gov/legislative/register/index-26.html>

X-RAY TECHNOLOGIST LICENSE RENEWAL

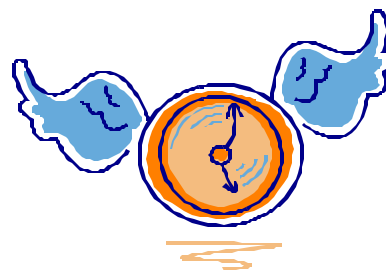
Physicians and physicists are reminded to periodically review the posted ISDH licenses of x-ray technologists are reviewed - to ensure that these individuals renew their license every two years.

The ISDH Indoor and Radiological Health Division is finding that some of the 13,000 technologists are not responding to ISDH reminders to file a renewal. Hospitals and surgical centers then find that technologist's license is expired, and the supervising physician is then responsible to take the x-ray until a technologist is in good standing.

The ISDH Indoor and Radiological Health Division will send a reminder to each technologist three months prior to expiration requesting that they renew their license with a \$60 renewal application. Technologists failing to file a renewal application on time must pay for an additional \$60 late fee.

Additional information on these requirements can be obtained by contacting John Ruyack, at 317/233-7146.

Hospitals will be cited under state and federal regulations, if technologists are found to be without a current license.



Wrong Surgical Site Protocol

Enclosed within this mailing is the Universal Protocol for preventing wrong site, wrong procedure, and wrong person surgery. The principal components of the Universal Protocol include (1) the pre-operative verification process; (2) marking of operate site; (3) taking a "time out" immediately before starting the procedure; and (4) adaptation of the requirements to non-operating room settings, including bedside procedures. Most of professional associations adopted this protocol last spring and recommended that the protocol should be in use for JCAHO accreditation beginning on July 1, 2004.

Other Regulatory NewsSwing Bed Training

Swing Bed-MDS Training will be offered by the Indiana State Department of Health. For Swing Bed Hospital Providers interested in attending, please contact Kimberly Honeycutt at 317-233-4719 or via e-mail at khoney@isdh.state.in.us by November 7, 2003.

EMTALA Final Rule

In 8/29/03 Federal Register, CMS issued a final rule clarifying hospital obligations to patients who request treatment for emergency medical conditions under the Emergency Medical Treatment and Labor Act (EMTALA)

Inpatient Rehabilitation Facility

In the 9/2/03 Federal Register, CMS announced proposed changes to the classification of inpatient rehabilitation and change from 75 to 65 percent of specific rehab patients.

DELAY 2003 Cancer Registry Submissions

Effective for cancer cases diagnosed January 1, 2003 and later, all cancer registries are required to follow new national coding guidelines. Because there were several major changes in the codes and rules, vendors providing software for cancer registries have had to rewrite many of their programs. This includes the software at hospitals, as well as the software used at the Indiana State Cancer Registry. **Hospitals or other entities reporting cases electronically should NOT submit any cancer cases diagnosed in 2003 to the State Registry yet, because they are unable to process them at this time.** The State Registry is working with the state's software vendor to complete testing of new programs to process the cases, and will let hospitals know when they are able to receive 2003 cases. This should take place before the end of the year. Hospitals and other reporting entities are also reminded to use the *new* codes and guidelines on cases diagnosed in 2003, and the *old* codes on cases diagnosed before 2003. Facilities sending paper copies of records to the State Registry are not affected by these changes, and should continue to send cases in the same manner as before.

Telephone Directory Topic**Hospital Program & Procedure Changes**

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Data Reporting

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**Hospital Information
on ISDH Web Site**

- Directory (with quarterly updates)
- Laws/Rules/Regulations (USA & IN)
- Licensing Form
- Reports
- Links to organizations

The Hospital Newsletter

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